S. No. 2
—12-45
5-17-39
P I X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1329

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 210

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 5 days (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1511 Penn 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Josephine Shorthose

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Geo. Shorthose

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 20 1860
(Month) (Day) (Year)

8. AGE: Years 86 ~~85~~ Months 7 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name A J Manning
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Shotwell
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant J B Wilson
(b) Address Bethel Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem K.C. Ks

18. (a) Signature of funeral director Mrs. C.L. Foster
(b) Address 918 Brooklyn

19. (a) 1-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1946 to Jan. 15, 1947
that I last saw her alive on Jan. 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
General myocardial fibrosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 1-15-47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.